Division of Health Service Regulation

· /		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
		FCL026037	B. WING		12/1	0/2015
NAME OF I				OTATE ZID OODE		0.2010
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
LEACH'S	FAMILY CARE HOMI		ITRY CLUB VILLE, NC 2			
(X4) ID PREFIX TAG			D BE	(X5) COMPLETE DATE		
C 000	Initial Comments		C 000			
	Report by Suzanna	Fay				
	Survey on December 3:56 PM at the above records indicate the July 7, 1997 as a Far ambulatory Resider respond without any during a fire or other information we are compliance with the Care Homes Rules of the 2005 Rules 1 Care Homes and the Carolina State Build Residential Care Far At the time of our view.	er 10, 2015 from 2:20 PM to be referenced facility. DHSR is home was first licensed on amily Care Home for five ints (able to evacuate and by physical or verbal assistance in emergency.) Based on this requiring the home to maintain in following: the 1992 Family T10: 42C, applicable portions 0A NCAC 13G for Family in 1996 (1997 Revision) North ling Code - Section 419.2 - accilities.				
C 174		Maintained Safe, Operating	C 174			
	EQUIPMENT (a) The building ar mechanical, and plucare home shall be operating condition.	17 BUILDING SERVICE and all fire safety, electrical, umbing equipment in a family maintained in a safe and				
	been removed from and cabinet base ha	et as evidenced by: s survey, the dishwasher had the kitchen and the opening ad been infilled with plywood. chnician repair the kitchen				

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

If continuation sheet 2 of 5

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01	(X3) DATE SURVEY COMPLETED	
		FCL026037	B. WING		12/1	0/2015
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
LEACH'S	FAMILY CARE HOM	F	ITRY CLUB			
0/0.15	CLIMMA DV CTA	TAYETTEN ATEMENT OF DEFICIENCIES	/ILLE, NC 2		ON	()/5)
(X4) ID PREFIX TAG	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
C 174	Continued From pa	age 1	C 174			
	cabinets. Provide documentation of the repairs in the form of photos, receipts or work orders.					
	the kitchen sink wa to a leaking dishwa technician repair th required. Provide of the form of photos, 3. Observations re both bathrooms we peeling. Replace the bathrooms. Provid in the form of photo 4. Observations re behind the Staff bathonger providing a stechnician replace	evealed that the caulking th sink was cracked and no seal. Have a qualified the sink caulking. Provide the repairs in the form of				
	5. Observations re the Residents' bath Sweep or vacuum oproperly. Provide of the form of photos.	evealed that the exhaust fan in irroom was clogged with dust. Out the fan so that it works documentation of the repairs in				
	the windows were had signs of mold. Have determine the sour necessary measure Clean and paint the documentation of the photos, receipts or	he repairs in the form of work orders.				
	7 Observations re	wealed that in Redroom 2, the				

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hinges on the right closet door were broken and

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DIVISION	Of Fleatill Service INC	guiation				
		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN OF CORRECTION IDENTIFICATION I		IDENTIFICATION NUMBER:	A. BUILDING: 01		COMPLETED	
		FCL026037	B. WING		12/1	0/2015
NAME OF F	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE					
		_ 413 COUN	ITRY CLUB	DRIVE		
LEACH'S	FAMILY CARE HOMI	FAYETTE\	/ILLE, NC 2	8301		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
C 174	Continued From pa	ge 2	C 174			
	qualified technician documentation of the photos, receipts or a 8. Observations retained the bed in Bedroom Install a cover plate the repairs in the formal of the president Bath was technician secure the wax seal to help president and the president Bath was technician secure the secure that the president Bath was technician secure the secure that the president Bath was technician secure the secure that the secu	vealed that the outlet behind 3 was missing a cover plate. Provide documentation of rm of photos or receipts. vealed that the toilet in the loose. Have a qualified ne toilet and provide a new event the toilet from shifting. tion of the repairs in the form				
	burned out at the er outside of Bedroom	evealed that the left bulb was mergency light in the hall 4. Replace the bulb. Provide the repairs in the form of work orders.				
	facing the road was film. Clean the sidir	evealed that the exterior siding coated with a gray dust or ng. Provide documentation of rm of photos, receipts or work				
	outlet outside the ki The exterior outlet a Resident Bath did n this survey. Have a replace the exterior documentation of th receipts or work ord	e repairs in the form of lers.				
	13 Observations re	evealed that the crawl snace				

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doors located outside the kitchen and at the back

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(3) DATE SURVEY COMPLETED	
		FCL026037	B. WING		12/1	0/2015	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						0/2010	
I FACH'S	FAMILY CARE HOM	-	ITRY CLUB				
		FAYETTE	VILLE, NC 2				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE	
C 174	Continued From pa	ge 3	C 174				
	with 2 x 4's propped the other was open to be damaged. Have repair or replace the documentation of the photos, receipts or 14. Observations reat the back porch, I qualified technician	evealed that the trim and soffit eft side were falling. Have a repair the trim and soffits. tion of the repairs in the form					
C 183	Outside Premises-0	Clean, Safe	C 183				
	(a) The outside gr	THE BUILDING 18 OUTSIDE PREMISES ounds of new and existing shall be maintained in a clean					
	pine tree at the fror hanging down. Have remove the limb to property. Provide of	et as evidenced by: vealed that a large limb on the at drive had broken and was we a qualified technician prevent injury to persons or documentation of the repairs in receipts or work orders.					
	cans in the brush to Remove and prope	vealed several tires and gas of the right of the home. rly dispose of the trash in this amentation of the repairs in the					
	beds at the front ar	vealed that there were planting at the left side of the facility oned off with rail ties. Some of					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 B. WING _ FCL026037 12/10/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **413 COUNTRY CLUB DRIVE LEACH'S FAMILY CARE HOME FAYETTEVILLE, NC 28301** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 183 Continued From page 4 C 183 the rails were broken and scattered posing a tripping hazard. Repair the framing of the planting beds. Provide documentation of the repairs in the form of photos. C 143 Floors C 143 T10: 42C .2211 FLOORS (a) All floors must be of smooth, non-skid material and so constructed as to be easily cleanable. (b) Scatter or throw rugs are not to be used. (c) All floors must be kept in good repair. This Rule is not met as evidenced by: 1. Observations revealed that the kitchen floor had been patched several times. The patches were laid on top of the existing floor creating an uneven surface. Have a qualified technician repair or replace the kitchen floor. Provide documentation of the repairs in the form of photos, receipts or work orders. 2. Observations revealed that the vinyl floor in the Staff bath had been patched several times using vinvl stick down tiles. The tiles did not fit properly and were not cut to fit around the toilet. This has left gaps in the floor that are collecting dirt. Have a qualified technician repair or replace the bathroom floor. 3. Observations revealed that the carpet in Bedroom 3 was dirty with a lot of debris along the window wall. Clean the carpet. Provide documentation of the repairs in the form of photos or receipts.

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